

## **PUBLIC NOTICE**

**INSURANCE  
DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF INSURANCE  
OFFICE OF THE COMMISSIONER**

**Health Wellness Promotion Act**

**Notice of Mandated Adjustments to Benefit Payments and Value for  
Services Schedule**

**Take notice** that the Commissioner of the Department of Banking and Insurance, in consultation with the Commissioner of the Department of Health and Senior Services and in compliance with sections 3, 4, 5, 6, 7 and 8 of the Health Wellness Promotion Act, P.L. 1993, c. 327 (as codified: N.J.S.A. 17:48-6i, 17:48A-7h, 17:48E-35.6, 17B:26-2.1h, 17B:27-46.1h and 26:2J-4.6(c)) (the "Act"), hereby adjusts the maximum dollar amounts for benefits or services that carriers and HMOs are required to provide or allow for the schedule of screens, tests and services set forth in the Act (or for a different schedule of such screens, tests and services for a specific insured or member when determined by a health care provider to be medically appropriate in accordance with the Act). These adjustments are based on the December 2004 to December 2005 changes in the medical component of the Consumer Price Index for all urban consumers in the New York-Northern New Jersey-Long Island region and the Philadelphia-Wilmington-Atlantic City region as reported by the United States Department of Labor. The required dollar amounts shall be as follows:

1. \$200.00 a year for each person between the ages of 20 to 39 inclusive;
2. \$232.00 a year for each man who is 40 years of age or older;
3. \$370.00 a year for each woman who is 40 years of age or older; and
4. \$239.00 for a left-sided colon examination for each person 45 years of age or older, which shall be in addition to the amounts otherwise specified in Items 2 and 3 above.

These adjustments shall take effect for all policies and contracts issued or renewed on or after July 1, 2006.

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